



Rooming House Application

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:	Broker contact:
Broker address:	Email:
Named Insured:	Broker code:
Mailing address:	Effective date:
Location address:	
Loss payee(s):	
Loss payee(s) address:	
Other policies with ABEX:	Prior insurance & expiry date:

Underwriting Details		Yes	No
How long has insured owned the rooming house?	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>		
Is the insured occupying the home?	Hydrant within 300 meters?		
Who is responsible for maintenance of the building, rules, etc.?	Firehall within 8 Kms?		
	Is it a voluntary firehall?		
Building type (single family, row house etc):	Min. one (1) smoke detector per floor?		
Occupancy: Number of roomers:	Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>		
Are the roomers employed: If 'no', how many unemployed:	Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i>		
Type of unemployed, i.e. transient, half way house:	Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>		
Advise turnover of roomers (long term or short term):	Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>		
How does the insured obtain tenants and what screening process is used?	Does the risk meet local Fire Code and By-law requirements for its current occupancy?		

Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
	Type		Year Updated
Electrical			
Amperage			
Plumbing			
Heating			
Roof			

Private Protections	Yes	No
Fire Alarm		
Burglar Alarm		
Monitored		
Sprinklered		
On-Site Security		

Comments:

Have there been losses or claims by the applicant in the last 5 years?		Yes	No
Date of loss	Detailed description of loss	Amount paid	Open/Closed?

Coverage	Limits Required	Deductible
Building(s)	\$	
Outbuilding(s) **	\$	
Contents	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

****No cover given for outbuildings unless a limit is shown on the policy.****

Current photos of the risk attached?	Yes	No	(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)
EZ_ITV or equivalent evaluator attached?	Yes	No	

Additional comments:

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature(s) of all Named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.
Coverage is only given upon written confirmation of binding from ABEX.**

This Section is For Broker Use Only

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* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to **quotes@abexinsurance.com**